

OCONUS Authorization and Referral Manual



The TRICARE Dental Program (TDP) provides dental coverage to the family members of active duty Uniformed Services personnel and to Selected Reserve and Individual Ready Reserve (IRR) members and/or their family members. For purposes of the TDP, the CONUS (Continental United States) service area is defined as the 50 United States, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands. The OCONUS (outside the Continental United States) service area includes all other countries, island masses, and territorial waters not previously listed.

This overseas program augments existing Overseas Dental Treatment Facility (ODTF) services provided to enrolled members, especially to those residing in remote locations. It provides a contracted claims processing alternative that offers a portable benefit between CONUS and OCONUS service areas. Enrollees are eligible for the current TDP benefit package, where available, and this benefit package is subject to the current CONUS service area program requirements, limitations and exclusions.

The OCONUS portion of the TDP is the joint responsibility of the United States Department of Defense (for the Defense Secretariats and Agencies), the Department of Transportation (for the Coast Guard), the Department of Health and Human Services (for the Public Health Service) and the Department of Commerce (for the National Oceanic and Atmospheric Administration). These Secretariats and other Agencies administer the TDP overseas program through the TRICARE Management Activity, the Uniformed Services Overseas Lead Agents, the Uniformed Services ODTFs and the contractor for the TDP, United Concordia.

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OCONUS Service Area

Non-remote vs. Remote Locations

The OCONUS service area is categorized into “non-remote” and “remote” locations. Attachment 1 lists all “non-remote” countries (as of February 1, 2001). Any country not on the “non-remote” list is classified as “remote.”

Non-Remote Locations:

The **non-remote** OCONUS locations consist of those OCONUS countries where the Uniformed Services have a fixed ODTF. If the ODTF is unable to provide specific services in non-remote locations, TDP-enrolled members may receive dental care for covered services from OCONUS dentists.

Active duty family members must contact their servicing ODTF before seeking non-orthodontic dental treatment, except for covered emergency care. In addition, they must obtain a Non-Availability and Referral Form from the servicing ODTF before United Concordia can process those claims for payment (see Attachment 4). The member must also be referred to a dentist whose name appears on the OCONUS Provider Listing.

For orthodontic services, **all** enrollees are required to obtain a Non-Availability and Referral Form and use orthodontists on the OCONUS Provider Listing.

Note: *For non-orthodontic services, Selected Reserve and IRR members and their family members are not required to obtain Non-Availability and Referral Forms nor are they required to use dentists on the OCONUS Provider Listing.*

Remote Locations:

Remote OCONUS locations consist of those OCONUS countries where the Uniformed Services do not have a fixed ODTF or those which have a part-time ODTF.

For non-orthodontic care, a Non-Availability and Referral Form is not required in remote locations. Additionally, TDP-enrolled members may seek care from any dentist for covered services; however, members should be encouraged to use OCONUS Provider Listings that may be available through their respective Overseas Lead Agents, U.S. Embassy or Consulate office or from other local representatives of the U.S. Government.

For orthodontic care, a Non-Availability and Referral Form must be obtained from the respective Overseas Lead Agent (or designee) before United Concordia can process orthodontic claims from remote OCONUS locations for payment. In these cases, members must receive care from a dentist on the OCONUS Provider Listing in order to receive payment.

Countries cannot be partitioned on a non-remote versus remote basis, although the ODTF commanders have the flexibility to authorize care for members residing in “remote” portions of non-remote countries (without having the member travel great distances to their servicing ODTF). To assist these members, the ODTF commander can allow the member’s local medical detachment to authorize care up to a specific dollar amount. For certain procedures, care can be “pre-authorized” by phone, fax, e-mail, etc. In these situations, the ODTF commander **must** provide the member with a valid Non-Availability and Referral Form and instruct him or her to attach this form to the claim so the claim can be processed.

OCONUS Provider Listings

The Overseas Lead Agents, in coordination with the ODTFs, develop and update the OCONUS Provider Listings that are the basis for referrals. The Overseas Lead Agents provide these listings to United Concordia at set intervals and whenever a dentist is added or removed. Overseas Lead Agents should notify United Concordia of additions/deletions by the most expeditious means possible, preferably by electronic mail or fax. An updated OCONUS Provider Listing should be available in the ODTF or can be obtained from the respective Overseas Lead Agent.

Authorization and Referrals in Non-Remote OCONUS Locations

In non-remote OCONUS locations, active duty family members must obtain a Non-Availability and Referral Form (see Attachment 4) from an ODTF representative *before* seeking covered services from an OCONUS host nation dentist. Active duty family members must be referred to a dentist whose name appears on the OCONUS Provider Listings for both non-orthodontic and orthodontic treatment. If the referral form is not submitted or treatment is performed by a dentist not on the OCONUS Provider Listing, the claim will be denied.

Selected Reserve and IRR members and their family members are not required to obtain Non-Availability and Referral Forms for non-orthodontic services nor are they required to use dentists on the OCONUS Provider Listing. For orthodontic services, they are required to obtain a Non-Availability and Referral Form and use orthodontists on the OCONUS Provider Listing.

Referral forms are not blanket approvals; the member must include a completed referral form with each claim submitted to United Concordia, including predetermination requests

(see “Predeterminations” section for more information). United Concordia can process claims for care received in non-remote OCONUS locations *only* if the following three requirements are met:

- 1) A completed claim form is attached to the bill. (The United Concordia TDP OCONUS Claim Form and directions on how to complete this form can be found at Attachment 3.)
- 2) A valid, current and complete Non-Availability and Referral Form accompanies the claim, as applicable.
- 3) The dentist who performed (or may perform, in the case of a predetermination) the dental services appears on the list of OCONUS dentists prepared by the ODTF commanders and Overseas Lead Agents.

If any of these requirements are missing, the claim will be denied.

Authorization and Referrals in Remote OCONUS Locations

In remote OCONUS locations, the member should first contact his or her respective Overseas Lead Agent (or designee) before seeking covered non-orthodontic or orthodontic care. Use of a Non-Availability and Referral Form for **non-orthodontic** care is not required. In these locations, the member may seek covered services from any dentist; however, members should be encouraged to use OCONUS Provider Listings that may be available through their respective Overseas Lead Agent, U.S. Embassy or Consulate office or from other local representatives of the U.S. Government. In order for the claim to be processed for **non-orthodontic** care, members must complete a claim form and attach it to the dentist's bill.

For **orthodontic** care, all enrollees will be required to use a host nation dentist identified on the OCONUS Provider Listing. The Overseas Lead Agent (or designee) must complete a referral form for care to be performed by an orthodontist identified on the OCONUS Provider Listing *before* the services can be processed for payment by United Concordia. The Overseas Lead Agent (or designee) will complete and approve this form and forward it, **in advance**, to United Concordia as authorization to receive orthodontic services from an OCONUS host nation dentist. United Concordia can pay claims for orthodontic services only if all of the following requirements are met:

- 1) A completed claim form is attached to the bill. (The United Concordia TDP OCONUS Claim Form and directions on how to complete this form can be found in Attachment 3.)
- 2) United Concordia receives a completed and valid Non-Availability and Referral Form, in advance, from the respective Overseas Lead Agent (or designee).
- 3) The dentist who performed (or may perform, in the case of a predetermination) the orthodontic services appears on the list of OCONUS dentists prepared by the Overseas Lead Agents.

If any of these requirements are missing, the claim will be denied.

Note: As claims history becomes available, Overseas Lead Agents will contact host nation dentists and assess whether dentists should be included in OCONUS Provider Listings for that particular country. If the Overseas Lead Agent determines there are a sufficient number of acceptable dentists that can be accessed in a reasonable time and distance, they can request that the country be redesignated as “non-remote.”

Redesignations can take place, following Overseas Lead Agent certification, with 30 calendar days advance written notice to the TRICARE Management Activity and United Concordia. In advance of redesignation, the Overseas Lead Agent must notify in-country residents of this change, explain the new procedures involved, and advise them that the Overseas Lead Agent must be contacted *before* care is received. Although referral forms will not be used in these particular countries for non-orthodontic care after redesignation, members will be required to visit a dentist on the OCONUS Provider Listing *before* their claims will be processed.

Authorization and Referral Process - General Instructions

Referrals should be made to the most qualified dentist for that particular service. To begin the referral process, the ODTF or Overseas Lead Agent (or designee) must properly complete the Non-Availability and Referral Form before an enrolled member can be referred.

Note: Before completing a referral form, the ODTF/Overseas Lead Agent must confirm that the member is currently enrolled in the TDP. Do not use information supplied by the member; information on the sponsor's Leave and Earnings Statement (LES), information in DEERS, or data supplied by overseas personnel support

detachments/finance centers to confirm enrollment - contact United Concordia directly. Also confirm with United Concordia the remaining balance on the member's annual or lifetime benefit maximum and note the amount and the "as of" date of this information in the "Remarks" section of the referral form. Confirm enrollment with United Concordia by the most expeditious means available, to include electronic mail, fax or by calling United Concordia's TDP OCONUS Dental Unit.

Essential items on the referral form include:

- **ODTF/Overseas Lead Agent Tracking Number** - a locally developed number used to track referrals.
- **Patient Information** - all information must be filled in or checked. Pay special attention to the "patient address" block. It must contain the complete mailing address.
- **Referral Information** - all information must be filled in or checked. In the "Referring Overseas Dental Treatment Facility/Overseas Lead Agent" block, enter your complete mailing address, to include your unit of assignment and country. In the "Referred Service" block, fully describe the service(s) you are referring, to include the most current version of the Current Dental Terminology (CDT) code for each service, if known. These codes assist United Concordia in processing the claim, and a complete listing for TDP-covered services is found at Attachment 2. Referrals for non-covered services may be the financial responsibility of the ODTF/Overseas Lead Agent. Enter your name and title, and sign and date the form in the appropriate blocks. (The ODTF commander will designate the referring individual.)
- **Member Certification** - have the member (sponsor, parent or guardian if the member is under 18 years old) review, sign and date this section. Explain each of the certification statements ensuring that the sponsor/family member understands that they may be responsible for the full costs of the dental care if they:

- 1) Are not currently enrolled in the TDP or disenroll from the TDP before the services are received.
- 2) Exceed their annual/lifetime benefit maximum (whichever is applicable) by the time the services are received.
- 3) Receive care outside the scope of the referral.

Note: If the ODTF/Overseas Lead Agent is faxing/mailing the referral form to the member, these areas should be discussed with the member in advance and the referring party **must** initial the Government certification statement in the appropriate area.

Authorization and Referral Process - Additional Information

- If possible, the ODTF or Overseas Lead Agent (or designee) should assist the member in scheduling an appointment with the host nation dentist. This may include actually setting up the appointment, ensuring the host nation dentist has English-speaking support in his/her office, sending an interpreter to the appointment with the member, etc.
 - A Non-Availability and Referral Form is valid for **120** calendar days from the date of issue by the ODTF or Overseas Lead Agent. After that date, the referring organization must issue a new referral form.
 - In the body of the referral form and/or in discussions with the dentist, request that the host nation dentist write any treatment plans or progress notes in English.
 - Non-Availability and Referral Forms are **not** blanket approvals for additional dental care. As such, the form must be explicit as to the specific covered care that is required. As a minimum, indicate on the form the diagnosis, the specific treatment and the applicable tooth number(s) that is to be treated. If the dentist believes that additional dental care is needed, he/she must discuss this with the referring ODTF or Overseas Lead Agent **before** performing these additional services. If the ODTF or Overseas Lead Agent determines that additional services are necessary, he/she will need to provide the member with a new Non-Availability and Referral Form for these additional services.
- Exception:** *If the Non-Availability and Referral Form addresses a continuing care situation (e.g., orthodontics, prosthodontics) for a specific dental treatment which requires multiple visits and which will exceed the 120-calendar day time frame, the original referral form will be applied to the entire course of treatment. To receive payment, a copy of the form must be attached to each bill and claim form submitted over the course of the prescribed treatment, and members must remain enrolled in the TDP during the entire term of their continuing care situation.*
- TDP-enrolled members can receive benefits if they reside or travel overseas. TDP-enrolled members are also eligible for benefits regardless of whether they are command-sponsored, listed on their sponsor's relocation orders, or formally recognized as a family member on an accompanied tour.
 - Referrals cannot be made to dentists in the CONUS service area.

- The Government will pay for cost shares for certain services received OCONUS. For orthodontic, prosthodontic, and other restorative (i.e., crowns, onlays, buildups, post and cores, etc.) services, the member is responsible for paying the dentist any applicable cost shares.

Note: *Although coverage is available for Selected Reserve and IRR family members and IRR (other than Special Mobilization Category) members, the Government will not pay for any costs for these populations and all cost shares are the responsibility of the member.*

- Members contemplating orthodontic care in the OCONUS service area should be cautioned that, because OCONUS dentists are paid in one lump sum amount, their \$1,500 lifetime maximum may be fully exhausted when they return to the CONUS service area, regardless of whether the orthodontic care was completed overseas.
- In instances where a Non-Availability and Referral Form is required, United Concordia will process and deny claims payment for services when any one or more of the following conditions exist:

- 1) When a completed Non-Availability and Referral Form is not included with the claim.
- 2) If the referral was made to a dentist whose name is not listed on the most current OCONUS Provider Listing.

Note: *Since referral forms are valid for 120 days from date of issue, it is possible that the Government may remove a dentist from the OCONUS Provider Listing during that time. Therefore, it is essential that the referral authority monitor its referrals to advise previously referred members to not receive treatment from these dentists.*

- 3) If the date of service is outside the 120-calendar day time frame.
- 4) If a properly completed claim form is not attached to the bill.
- 5) If the referral is for a non-covered service.
- 6) If the member is no longer enrolled in the TDP when the services are received.

When a claim is denied for these reasons, all appropriate parties will receive a Dental Explanation of Benefits (DEOB) informing them of the reason for the denial.

More information about TDP benefits can be obtained by contacting United Concordia or by viewing the TDP Benefits Booklet on our website: www.ucci.com.

Note: *Adjunctive dental services are not a covered TDP benefit.*

OCONUS Reservists

For non-orthodontic services, Selected Reserve and IRR members and their family members are not required to obtain Non-Availability and Referral Forms nor are they required to use dentists on the OCONUS Provider Listing.

Additionally, Selected Reserve and IRR family members and IRR (other than Special Mobilization Category) members must pay all cost shares and excess charges for services received OCONUS.

DD Form 2813, DoD Reserve Forces Dental Examination

Health Affairs policy 98-021 directed the Services to ensure all members of the Selected Reserve undergo an annual dental examination. The DD Form 2813, Department of Defense Reserve Forces Dental Examination, is the form used to assist the Reserve components (RC) in documenting RC member dental health.

The RC member is responsible for obtaining the examination, providing the form to the dentist, and reporting the results to their Service. The DD Form 2813 is available at the following web site: <http://web1.whs.osd.mil/icdhome/forms.htm>. RC members are encouraged to contact their Uniformed Services representative to determine their Service-specific requirements for this document before scheduling their annual dental examination.

Exceptions for Emergency Care

A Non-Availability and Referral Form is not required for United Concordia to process claims for covered emergency dental care in either non-remote or remote OCONUS locations. However, United Concordia may contact the sponsor, family member or dentist, as necessary, regarding the basis of the emergency.

Predeterminations

The TDP covers many types of services from preventive and diagnostics to orthodontics and prosthodontics. If the host nation dentist or the member would like an estimate of the amount that will be paid under the TDP, they can request a predetermination. A predetermination is a nonbinding written estimate of the amount the plan will pay and the member's cost share. United Concordia provides this service at no cost to the dentist or the member and strongly encourages the

use of predeterminations for complex and costly services such as periodontal and prosthodontic services.

To request a predetermination, the dentist or member must submit a dental claim form and indicate on the form that a predetermination is being requested. A claim may contain both a request for payment and predetermination lines. No dates of service should be reported for those procedures for which predetermination is being requested. Also, the appropriate box on the claim form may be checked to identify it as a predetermination request.

Once the predetermination is finalized, United Concordia will notify both the member and the dentist through a Dental Predetermination Notification and Request for Payment form. A predetermination is not a guarantee of payment but indicates how much would be payable given the information available at the time the determination is processed.

When the predetermination service has been provided, return the Dental Predetermination Notification and Request for Payment Form to United Concordia, indicating the date the service(s) was provided. If multiple services have been predetermined, it is not necessary to have all services performed in order for the predetermination notification to be returned for processing.

Please note that predeterminations are valid for six months and apply to specific procedures. If a different procedure is actually performed, the predetermination estimate will not apply.

OCONUS Dental Claims Submission

A TDP OCONUS Claim Form and instructions for its completion are included in this manual (see Attachment 3). Completed claim and referral forms (including requests for predetermination) should be mailed to the following address:

United Concordia
TDP OCONUS Dental Unit
PO Box 69418
Harrisburg, PA 17106-9418
U.S.A.

OCONUS Point of Contact (POC) Program

Some OCONUS locations have a designated Government Point of Contact (POC) who can help members with dental claims issues. The POC, an active duty or civilian employee designated by the Uniformed Services, can assist family members and sponsors with completing their claim forms and receiving timely reimbursement for dental claims.

The POC will review the claim to ensure that it contains all of the information needed for processing and can submit claims and monitor claim status by fax or e-mail. If a claim is

submitted by the POC, he/she will receive the reimbursement and/or DEOB and will be responsible for distributing them to the member or dentist.

Listings of POCs are available from the servicing medical treatment facility or the Overseas Lead Agent. A toll free fax is available 24 hours per day, seven days per week to receive and send correspondence between POCs and other Government representatives and United Concordia. The fax number is 1-888-475-0486.

For Additional Information

Refer to United Concordia's TDP Benefits Booklet for complete details about the TDP program. The Benefits Booklet provides information about eligibility, enrollment, premiums, cost shares, dental coverage, annual and orthodontic maximums, and policy benefits and limitations. These booklets have been distributed to OCONUS installations and can be downloaded from our website: www.ucci.com. Several specialty brochures are also available from United Concordia including one that highlights OCONUS-specific issues.

The TDP OCONUS Dental Unit is available by telephone 24 hours per day, five days per week. Customer Service Representatives are available to assist you in English, German, and Italian. If you are in the following locations, dial your local access code and call the OCONUS Dental Unit toll free at 1-888-418-0466:

Australia	Greece	Portugal
Bahrain	Iceland	Saudi Arabia
Belgium	Italy	South Korea
Bolivia	Japan	Spain
Columbia	Netherlands	Switzerland
Egypt	Norway	Turkey
Germany	Panama	United Kingdom

In all other OCONUS locations, call 1-717-975-5017. (This is a toll call.) You may also contact United Concordia via electronic mail (e-mail) at aconus@ucci.com.

To obtain Defense Switched Network (DSN) access to these numbers, you will first need to dial into a local CONUS military DSN operator and ask the operator to patch you through to the number.

Attachments

- 1) List of Non-Remote Countries and CONUS Locations
- 2) Dental Procedure Codes
- 3) TDP OCONUS Claim Form
- 4) Non-Availability and Referral Form

OCONUS Non-Remote Location Listing

(Current as of February 1, 2001)

Azores	Iceland	Spain
Bahrain	Italy/Sardinia	Turkey
Belgium	Japan	United Kingdom
Diego Garcia	Portugal	
Germany	South Korea	

Note: *All other countries not listed above are considered REMOTE locations.*

CONUS Location Listing

(Current as of February 1, 2001)

50 United States
District of Columbia
Puerto Rico
Guam
U.S. Virgin Islands

ATTACHMENT 2

Dental Procedure Codes

The following is a list of dental procedure codes covered by the TDP. Please include the applicable procedure code when completing the corresponding sections of the Non-Availability and Referral Form and the TDP Claim Form.

D0120	Periodic oral evaluation	D2752	Crown - porcelain, noble metal
D0140	Limited oral evaluation - problem focused	D2780	Crown - 3/4 cast, high noble metal
D0150	Comprehensive oral evaluation	D2781	Crown - 3/4 cast, predominately base metal
D0160	Detailed and extensive oral evaluation	D2782	Crown - 3/4 cast, noble metal
D0210	Intraoral - complete series	D2783	Crown - 3/4 porcelain/ceramic
D0220	Periapical - first film	D2790	Crown - full cast, high noble metal
D0230	Periapical - each additional film	D2791	Crown - full cast, predominately base metal
D0240	Occlusal film	D2792	Crown - full cast noble metal
D0250	Extraoral - first film	D2910	Recement inlay
D0260	Extraoral - each additional film	D2920	Recement crown
D0270	Bitewing - single film	D2930	Prefab stainless steel crown - primary
D0272	Bitewings - two films	D2931	Prefab stainless steel crown - permanent
D0274	Bitewings - four films	D2932	Prefab resin crown
D0277	Vertical bitewings - 7-8 films	D2933	Prefab stainless steel crown - resin window
D0290	Posterior-anterior or lateral skull film	D2950	Core buildup including any pins
D0330	Panoramic film	D2951	Pin retention
D0340	Cephalometric film	D2952	Cast post and core in addition to crown
D0425	Caries susceptibility tests	D2954	Prefab post and core in addition to crown
D0470	Diagnostic casts	D2962	Labial veneer (porcelain laminate) - laboratory
D1110	Prophylaxis - adult	D2970	Temporary crown (fractured tooth)
D1120	Prophylaxis - child	D2980	Crown repair, by report
D1201	Prophylaxis and fluoride - child	D3120	Pulp cap - indirect
D1203	Fluoride - child	D3220	Pulpotomy
D1204	Fluoride - adult	D3221	Gross pulpal debridement, primary and permanent teeth
D1205	Prophylaxis and fluoride - adult	D3230	Pulpal therapy - anterior, primary tooth
D1351	Sealant - per tooth	D3240	Pulpal therapy - posterior, primary tooth
D1510	Space maintainer - fixed, unilateral	D3310	Root canal treatment - anterior
D1515	Space maintainer - fixed, bilateral	D3320	Root canal treatment - bicuspid
D1520	Space maintainer - removable, unilateral	D3330	Root canal treatment - molar
D1525	Space maintainer - removable, bilateral	D3332	Incomplete endodontic therapy; inoperable or fractured tooth
D1550	Recement space maintainer	D3333	Internal root repair of perforation defects
D2110	Amalgam - one surface, primary	D3346	Root canal retreatment - anterior
D2120	Amalgam - two surfaces, primary	D3347	Root canal retreatment - bicuspid
D2130	Amalgam - three surfaces, primary	D3348	Root canal retreatment - molar
D2131	Amalgam - four or more surfaces, primary	D3351	Apexification - initial visit
D2140	Amalgam - one surface, permanent	D3352	Apexification - interim medication replacement
D2150	Amalgam - two surfaces, permanent	D3353	Apexification - final visit
D2160	Amalgam - three surfaces, permanent	D3410	Apicoectomy - anterior
D2161	Amalgam - four or more surfaces, permanent	D3421	Apicoectomy - bicuspid (first root)
D2330	Resin - one surface, anterior	D3425	Apicoectomy - molar (first root)
D2331	Resin - two surfaces, anterior	D3426	Apicoectomy - each additional root
D2332	Resin - three surfaces, anterior	D3430	Retrograde - per root
D2335	Resin -four or more surfaces or incisal angle, anterior	D3450	Root amputation - per root
D2337	Resin-based composite crown, anterior - permanent	D3920	Hemisection
D2542	Onlay - metallic - two surfaces	D4210	Gingivectomy - quadrant
D2543	Onlay - metallic - three surfaces	D4211	Gingivectomy -per tooth
D2544	Onlay - metallic - four or more surfaces	D4220	Gingival curettage - quadrant
D2642	Onlay - porcelain/ceramic - two surfaces	D4240	Gingival flap - quadrant
D2643	Onlay - porcelain/ceramic - three surfaces	D4249	Crown lengthening - hard tissue
D2644	Onlay - porcelain/ceramic - four or more surfaces	D4260	Osseous surgery - quadrant
D2662	Onlay - resin-based composite - two surfaces	D4263	Bone replacement graft - first site
D2663	Onlay - resin-based composite - three surfaces	D4264	Bone replacement graft - each additional site
D2664	Onlay - resin-based composite - four or more surfaces	D4266	Guided tissue regeneration - resorbable
D2740	Crown - porcelain/ceramic substrate	D4267	Guided tissue regeneration - nonresorbable
D2750	Crown - porcelain, high noble metal		
D2751	Crown - porcelain, predominately base metal		

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Dental Procedure Codes

D4270	Pedicle soft tissue graft	D6782	Crown - 3/4 cast, noble metal
D4271	Free soft tissue graft	D6783	Crown - 3/4 porcelain/ceramic
D4273	Subepithelial connective tissue graft	D6790	Crown - full cast, high noble metal
D4341	Scaling and root planing - quadrant	D6791	Crown - full cast, predominately base metal
D4910	Periodontal maintenance	D6792	Crown - full cast, noble metal
D4920	Unscheduled dressing change	D6930	Recement bridge
D5110	Complete upper denture	D6970	Cast post and core in addition to bridge
D5120	Complete lower denture	D6972	Prefab post and core in addition to bridge
D5130	Immediate upper denture	D6973	Core buildup for bridge including any pins
D5140	Immediate lower denture	D6980	Bridge repair, by report
D5211	Upper partial - resin base	D7110	Extraction - single
D5212	Lower partial - resin base	D7120	Extraction - additional tooth
D5213	Upper partial - cast metal with resin base	D7130	Root removal
D5214	Lower partial - cast metal with resin base	D7210	Surgical extraction - erupted tooth
D5410	Adjust complete denture, upper	D7220	Soft tissue impaction
D5411	Adjust complete denture, lower	D7230	Partial bony impaction
D5421	Adjust partial, upper	D7240	Complete bony impaction
D5422	Adjust partial, lower	D7250	Surgical removal residual roots
D5510	Repair broken complete denture base	D7260	Oroantral fistula closure
D5520	Replace missing/broken teeth - complete denture	D7270	Reimplant/stabilize evulsed tooth
D5610	Repair resin denture base	D7280	Surgical exposure, for orthodontics
D5620	Repair cast framework	D7281	Surgical exposure, aid eruption
D5630	Repair or replace broken clasp	D7285	Biopsy of oral tissue, hard
D5640	Replace broken tooth	D7286	Biopsy of oral tissue, soft
D5650	Add tooth to existing partial denture	D7290	Surgical repositioning of teeth
D5660	Add clasp to existing partial denture	D7291	Fiberotomy
D5710	Rebase - complete upper denture	D7310	Alveoloplasty with extraction, quadrant
D5711	Rebase - complete lower denture	D7320	Alveoloplasty without extraction, quadrant
D5720	Rebase - upper partial denture	D7471	Removal of exostosis - per site
D5721	Rebase - lower partial denture	D7510	Incision and drainage of abscess - soft tissue
D5730	Reline - complete upper denture (chairside)	D7910	Suture small wounds to 5 cm
D5731	Reline - complete lower denture (chairside)	D7911	Complicated suture - up to 5 cm
D5740	Reline - upper partial denture (chairside)	D7912	Complicated suture - greater than 5 cm
D5741	Reline - lower partial denture (chairside)	D7971	Excision - pericoronal gingiva
D5750	Reline - complete upper denture (lab)	D8010	Limited orthodontic treatment of the primary dentition
D5751	Reline - complete lower denture (lab)	D8020	Limited orthodontic treatment of the transitional dentition
D5760	Reline - upper partial denture (lab)	D8030	Limited orthodontic treatment of the adolescent dentition
D5761	Reline - lower partial denture (lab)	D8040	Limited orthodontic treatment of the adult dentition
D5810	Interim complete denture - upper	D8050	Interceptive orthodontic treatment of the primary dentition
D5811	Interim complete denture - lower	D8060	Interceptive orthodontic treatment of the transitional dentition
D5820	Interim partial denture - upper	D8070	Comprehensive orthodontic treatment of the transitional dentition
D5821	Interim partial denture - lower	D8080	Comprehensive orthodontic treatment of the adolescent dentition
D5850	Tissue conditioning - upper denture	D8090	Comprehensive orthodontic treatment of the adult dentition
D5851	Tissue conditioning - lower denture	D8210	Removable appliance therapy
D6210	Pontic - cast, high noble metal	D8220	Fixed appliance therapy
D6211	Pontic - predominately base metal	D8670	Periodic orthodontic treatment visit (as part of contract)
D6212	Pontic - cast, noble metal	D8680	Orthodontic retention
D6240	Pontic - porcelain, high noble metal	D8690	Orthodontic treatment (alternate billing to a contract fee)
D6241	Pontic - predominately base metal	D9110	Palliative treatment
D6242	Pontic - porcelain, noble metal	D9220	General anesthesia - first 30 minutes
D6245	Pontic - porcelain/ceramic	D9221	General anesthesia - Each additional 15 minutes
D6543	Onlay - metallic - three surfaces	D9241	Intravenous sedation/analgesia - first 30 minutes
D6544	Onlay - metallic - four or more surfaces	D9242	Intravenous sedation/analgesia - each additional 15 minutes
D6545	Retainer - cast metal for resin bonded fixed prosthesis	D9310	Consultation, other than treating dentist
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	D9440	Office visit - after regularly scheduled hours
D6740	Crown - porcelain/ceramic	D9610	Therapeutic drug injection, by report
D6750	Crown - porcelain, high noble metal	D9930	Treatment of complications (post surgical), by report
D6751	Crown - porcelain, predominately base metal	D9940	Occlusal guard, by report
D6752	Crown - porcelain, noble metal	D9941	Fabrication of athletic mouth guard
D6780	Crown - 3/4 cast high noble metal	D9974	Internal bleaching - per tooth, by report
D6781	Crown - 3/4 cast, predominately base metal		

TDP OCONUS Dental Unit
P.O. Box 69418
Harrisburg, PA 17106-9418 USA

One: ☒ Dentist's statement of actual services

5878 B 700 **OCONUS**

Completing the TDP OCONUS Claim Form

Most of the TDP Claim Form is self-explanatory; however, there are certain fields to which special attention should be paid:

- **Upper left corner** ("Attending Dentist's Statement"): Check the appropriate box to indicate if your claim is for predetermination (estimate of services to be performed) or for services actually received.
- **Box 2. Relationship to Sponsor.** For example, self, spouse, or child.
- **Box 7. Sponsor's Social Security Number (SSN).** The sponsor's nine-digit SSN must appear on every claim form.
- **Box 8. Patient's Mailing Address.** Be sure to provide the current and complete mailing address to include APO/FPO and/or street, city, country, and postal mailing code.
- **Box 10. Release of information.**
- **Box 13. Is the patient covered by another dental insurance plan.** Check 'No' if the family member has no other dental insurance. If the family member has additional dental insurance, please check 'Yes' and include the plan name, insured name and social security number, group number, and address of the other carrier.
- **Box 14. Assignment of Benefits.** Sign if the family member, parent, or guardian wants to assign payment of benefits to the dentist; if signed, United Concordia will send payment to the dentist directly.
- **Box 15. Dentist Name.**
- **Box 16. Dentist office address.** Include street, city, country, and postal mailing code where services were performed.
- **Box 16A. Billing address.** Include street, city, country, and postal mailing code.
- **Box 17. Dentist's phone number.** Include the country code and city code, along with local number.
- **Box 27. Treatment for Orthodontics.** For orthodontic care, submit a completed copy of this claim form along with a valid Non-Availability and Referral form and the provider's bill to the address on the front of this form.
- **Box 29. Examination and Treatment Plan.** Provide a detailed description of the services performed including applicable tooth numbers, date of service, and the fee charged.
- **Box 33. Currency.** Indicate type of currency billed to patient (US dollars or local currency).

General Instructions

- Submit a separate claim form for each family member who receives treatment.
- **All claim forms should be submitted to United Concordia as soon as possible after the service date**, preferably within 60 days of the date of service. Claims postmarked more than 12 months after the date of service will be denied.
- The family member must sign the appropriate sections of the claim form. If the family member is under 18 years old, the parent or guardian must sign the form.
- The provider must sign the appropriate sections of the claim form.
- For orthodontic services, submit the following:
 1. A completed claim form.
 2. The dentist's bill (if the claim form is not used solely as the bill).
 3. A Non-Availability and Referral Form.
- For non-orthodontic services, submit the following:
 1. A completed claim form.
 2. The dentist's bill (if the claim form is not used solely as the bill).
 3. A Non-Availability and Referral Form for Active Duty Family Members in non-remote locations.

If all necessary information is not included, your claim may be denied.



TRICARE Dental Program

NOTE: For orthodontic services, the Sponsor/Family Member must forward this completed form and the dentist's bill for the claim to be processed. For non-orthodontic services, this form is necessary for Active Duty Family Members in non-remote locations. This form is not required for covered emergency dental care. Additional information can be found in the TDP Benefit Booklet.

NON-AVAILABILITY AND REFERRAL FORM			
PATIENT INFORMATION	1) PATIENT'S NAME LAST FIRST MI		2) DATE OF BIRTH MO DAY YEAR
			3) SEX M F
			4) RELATIONSHIP SPOUSE CHILD OTHER
PATIENT INFORMATION	5) SPONSOR'S NAME LAST FIRST MI		6) SPONSOR'S SOCIAL SECURITY NUMBER
	7) PATIENT'S ADDRESS (APO/FPO or Street, City, Country, Postal Mailing Code)		
REFERRAL INFORMATION	8) REFERRING OVERSEAS DENTAL TREATMENT FACILITY/OVERSEAS LEAD AGENT (Name, Location, Mailing Address, Unit, and Country)		9) PRIMARY REASON FOR REFERRAL: <input type="checkbox"/> a) Proper facilities or professional capability are temporarily not available at this facility. <input type="checkbox"/> b) Proper facilities or professional capability are permanently not available at this facility. <input type="checkbox"/> c) Orthodontic treatment.
	10) REFERRED SERVICE (Description of Service - include CDT - 3 code(s) if possible) Exam Routine Prophylaxis Radiographs Fluoride Treatment Consultation Other _____		Restorative Other Restorative (crown, onlay, etc.) Endodontics Orthodontics Extensive Diagnostic Retainer Appliance for Movement
	11) REMARKS		
	12) NAME AND TITLE (Type or Print)		
	13) APPROVAL SIGNATURE		14) DATE OF ISSUANCE *
* NOTE: FORM VALID FOR 120 DAYS FROM DATE OF ISSUANCE			
SPONSOR/FAMILY MEMBER CERTIFICATION	15) SPONSOR/FAMILY MEMBER CERTIFICATION <input type="checkbox"/> I have confirmed my enrollment in the TDP. If I am not enrolled, I am responsible for the full cost of any dental care received. <input type="checkbox"/> I confirm that, as of the date of this referral, I have not exceeded the appropriate annual/lifetime maximum. I understand that, if I have exceeded my maximums (\$1200 for non-orthodontic services and \$1500 for orthodontic services), I am responsible for the full cost of any additional services received. <input type="checkbox"/> I understand that, if I receive services for dental care not covered under this referral, I am responsible for the full cost of any dental care received outside the scope of this referral.		
	SIGNATURE (Sponsor/Family Member) _____ DATE _____		
16) I have received confirmation from the sponsor/family member that the above is true and that the sponsor/family member agrees to these certifications as of the date of this referral. INITIALS (Referring Party) _____ DATE _____		17) ODTF/OVERSEAS LEAD AGENT TRACKING NUMBER	

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The information contained on this form is protected by the Privacy Act of 1974.

The quality of foreign dental care is not controlled by the Government or United Concordia or any of its agents or representatives. The fact that a foreign dentist has been determined to provide acceptable dental care in the past does not guarantee acceptable future service. The Government's control over foreign dentists is limited to their inclusion or exclusion from the OCONUS Provider List. Sponsors/Family Members should forward any complaints or concerns about foreign dental service/quality of care to their respective Overseas Lead Agent.

Completion Instructions

Patient Information and Referral Information Fields must be completed by the servicing Overseas Dental Treatment Facility/Overseas Lead Agent. Sponsor/Family Member Certification Fields must be completed by sponsor/family member. In the case of a member under the age of 18, the parent or guardian must sign on his/her behalf. If the form is being faxed/mailed to a sponsor/family member, the Government representative completing the form must first explain the certifications to the sponsor/family member and initial/date this form where appropriate.

- 1) Patient's Name:** Enter the last name, first name, and middle initial of the person being treated.
- 2) Date of Birth:** Enter the number of the month, day, and year of the family member's birth.
- 3) Sex:** Check the appropriate box.
- 4) Relationship:** Check the appropriate box.
- 5) Sponsor's Name:** Enter the last name, first name, and middle initial of the sponsor, as it appears on the ID card.
- 6) Sponsor's Social Security Number:** Enter the sponsor's nine-digit Social Security Number.
- 7) Patient's Address:** Enter the home mailing address of the family member seeking dental treatment. Be sure to provide the complete address (APO/FPO or street, city, country, postal mailing code) including country.
- 8) Referring Overseas Dental Treatment Facility/Overseas Lead Agent:** Enter the name of the Overseas Dental Treatment Facility/Overseas Lead Agent, and complete mailing address, unit, and country.
- 9) Primary Reason for Referral:** Check the appropriate box.
- 10) Referred Service:** Provide a detailed description of the service for which the patient is being referred. Ensure referrals are made for specific care and include the applicable CDT-3 code(s), tooth number(s) and procedure name.
- 11) Remarks:** Include any additional pertinent information. For orthodontic services, include the provider's proposed orthodontic treatment plan. (If additional space is required, please continue on a separate sheet of paper.) Please provide treatment plans and progress notes in English.
- 12) Name and Title:** Type or print the name and title of the person issuing the referral form.
- 13) Approval Signature:** Enter the signature of the person issuing the referral form.
- 14) Date of Issuance:** Enter the date the referral form is provided to the member.
- 15) Sponsor/Family Member Certification:** This area must be completed, signed, and dated by the sponsor/family member.
- 16) Referring Party Confirmation:** If this form is being faxed/mailed to a sponsor/family member, the Government representative completing the form must initial and date the form **after** explaining the certification in **Field 15** to the sponsor/family member.
- 17) ODTF/Overseas Lead Agent Tracking Number:** For use by the Overseas Dental Treatment Facility/Overseas Lead Agent.

Submit this referral form and the completed claim form to the following address:

United Concordia
TDP OCONUS Dental Unit
PO Box 69418
Harrisburg, PA 17106-9418
USA



Notes

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